SYRINGE EXCHANGE CLIENT INTAKE FORM

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
Revised 02-2018

This form is optional and not required. Please do not include any personally identifying information on this form.

Enrollment Information

Date:	*Enrollment Type:* ☐ First Enrollment ☐ Re-Enrollment
Agency Name:	*Interviewer:*
Participant Code: This unique code is to be used each time a participant requests new needles/syringes. This allows the agency to identify the number of clients who utilize the service while protecting the identity of the clients.	

Client Demographics

Current Gender Identity: ☐ Male ☐ Female ☐ M2F Transgender ☐ F2M Transgender ☐ Refused ☐ Other _____	
Race: ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Refused ☐ Other _____	
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	*Current Living Status:* ☐ Permanent Residence ☐ Homeless ☐ Shelter ☐ Car/Vehicle ☐ Refused ☐ Other _____
*Have you been incarcerated in the last **90 days**?:* ☐ Yes ☐ No	*Current Zip Code/County of Residence:*

Syringe Services Assessment

How long have you been injecting? _____ months/years	*How often do you inject?* _____ times per day/week
What are the ways you use drugs? Select all that apply. ☐ Inject ☐ Smoke ☐ Swallow ☐ Snort ☐ Suppositories ☐ Other _____	*Which of the following have you used in the last **30 days**?* ☐ Heroin ☐ Methamphetamine/Speed ☐ Crack/Cocaine ☐ Methadone—Not as Prescribed ☐ Cannabis/Marijuana ☐ Suboxone/Subutex—Not as Prescribed ☐ Spice ☐ Prescription Pain Medication—Not as Prescribed (codeine, Vicodin, OxyContin, Hydrocodone, Percocet, Fentanyl, etc.) ☐ Benzodiazepines (Benzos, Ativan, Xanax, etc.) ☐ Other _____
*During the last **30 days** did you share or reuse any of the following?* ☐ Cookers/Water ☐ Syringes/Needles ☐ Cottons/Filters ☐ Other _____	*If you have shared or reused any of the equipment listed previously, how often would you say that occurred?* ☐ Rarely ☐ Sometimes ☐ Very Often ☐ Always
Have you ever over-dosed? ☐ Yes ☐ No ☐ Declined to answer	*If you have over-dosed, when was the last time?*
Have you ever used Narcan/Naloxone? ☐ Yes ☐ No ☐ Declined to answer	*If you have used Narcan/Naloxone, when was the last time?*
*During the **last year**, have you received any substance abuse treatment?* ☐ Yes ☐ No	*Would you consider discussing substance use treatment options today?* ☐ Yes ☐ No

Medical Services Assessment

Have you ever been tested for HIV? ☐ Yes ☐ No ☐ Declined to answer If yes, when: _____ What was the result? ☐ Positive ☐ Negative ☐ Declined to answer	*Have you ever been tested for Hepatitis C?* ☐ Yes ☐ No ☐ Declined to answer If yes, when: _____ What was the result? ☐ Positive ☐ Negative ☐ Declined to answer
*Have you ever had vaginal or anal sex with a **male**?* ☐ Yes ☐ No ☐ Declined to answer If yes, have you had vaginal or anal sex with a male in the last 12 months? Without a condom? ☐ Yes ☐ No ☐ Declined to answer Who is also a person who injects drugs? ☐ Yes ☐ No ☐ Declined to answer Who is HIV positive? ☐ Yes ☐ No ☐ Declined to answer For female clients only: Who has sex with other males? ☐ Yes ☐ No ☐ Declined to answer	*Have you ever had vaginal or anal sex with a **female**?* ☐ Yes ☐ No ☐ Declined to answer If yes, have you had vaginal or anal sex with a female in the last 12 months? Without a condom? ☐ Yes ☐ No ☐ Declined to answer Who is also a person who injects drugs? ☐ Yes ☐ No ☐ Declined to answer Who is HIV positive? ☐ Yes ☐ No ☐ Declined to answer
*Have you ever had vaginal or anal sex with a **transgendered person**?* ☐ Yes ☐ No ☐ Declined to answer If yes, have you had vaginal or anal sex with a transgendered person in the last 12 months? Without a condom? ☐ Yes ☐ No ☐ Declined to answer Who is also a person who injects drugs? ☐ Yes ☐ No ☐ Declined to answer Who is HIV positive? ☐ Yes ☐ No ☐ Declined to answer	*Do any of these other potential risk factors apply to you?* ☐ *Exchange sex for drugs/money/other* ☐ *Diagnosed with a STD* ☐ *Sex while intoxicated/high* ☐ *Sex with multiple partners* ☐ *Sex with anonymous partner* ☐ *Sex with someone who exchanges sex for drugs/money* ☐ *Victim of sexual assault*

Clinical Staff Use Only

Supplies Given: ☐Starter Kit ☐Injecting Supplies ☐Cooking Supplies ☐Sharps Container ☐Naloxone Kit _____ ☐Condoms _____ ☐Safe Sex Kits _____ ☐Dental Dams _____ ☐	*Education:* ☐HIV/AIDS Education ☐HCV Education ☐STD Education ☐Harm Reduction/Safe Injection ☐ ☐ ☐ ☐ ☐	*Referrals:* ☐Substance Abuse/Tx Service ☐Healthcare Services ☐HIV/HCV/STD Testing/Tx ☐Social Services/Behavioral Health ☐Legal Services ☐Job/Employment Services ☐Housing ☐ ☐	*Testing:* ☐HIV ☐HCV ☐GC/CT ☐Syphilis ☐ ☐
Syringes Given:		*Syringes Returned:*	*Immunizations Given:* ☐ ☐ ☐ ☐ ☐